

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Township of Delanco County: Burlington  
 Employee Organization: Communications Workers of America, AFL-CIO Employees in Unit: 5  
 Base Year Contract Term: 1/1/2011 12/31/2011 New Contract Term 1/1/2012 12/31/2013  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

|                                                   |                  | Column A<br><u>Base Year - Total Costs</u><br>(Last Year of Previous agreement) | Column B<br><u>New Base Year - Total Costs</u><br>(First Year of Successor agreement) |
|---------------------------------------------------|------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Section II: Economic                              |                  |                                                                                 |                                                                                       |
| Item 1 .....                                      | Salary           | \$246,064                                                                       | \$249,808                                                                             |
| Item 2 .....                                      | Increment        |                                                                                 | \$8,984                                                                               |
| Item 3 .....                                      | Longevity        | \$5,904                                                                         | \$240                                                                                 |
| Item 4 .....                                      |                  |                                                                                 |                                                                                       |
| Item 5 .....                                      |                  |                                                                                 |                                                                                       |
| Item 6 .....                                      |                  |                                                                                 |                                                                                       |
| Item 7 .....                                      |                  |                                                                                 |                                                                                       |
| Item 8 .....                                      |                  |                                                                                 |                                                                                       |
| Item 9 .....                                      |                  |                                                                                 |                                                                                       |
| Item 10 .....                                     |                  |                                                                                 |                                                                                       |
| Item 11 .....                                     |                  |                                                                                 |                                                                                       |
| Item 12 .....                                     |                  |                                                                                 |                                                                                       |
| Any additional items list on separate sheet       | Additional items |                                                                                 |                                                                                       |
| Section III: Totals - Sum of costs in each column |                  | \$251,970<br>(Total)                                                            | \$280,032<br>(Total)                                                                  |

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

|                                         |           |           |           |           |
|-----------------------------------------|-----------|-----------|-----------|-----------|
| Total Base Year(previous agreement)     | \$251,970 |           |           |           |
| <u>Effective Date (m/d/yyyy)</u>        | 1/1/2012  | 7/1/2012  | 1/1/2013  | 7/1/2013  |
| Percent Increase                        | 1%        | 1%        | 1%        | 1%        |
| Total cost of increase                  | \$2,488   | \$1,248   | \$3,844   | \$2,396   |
| Total base salary (successor agreement) | \$248,560 | \$249,808 | \$253,852 | \$256,048 |

**Section V: Impact of Settlement - average annual increase over term of agreement**

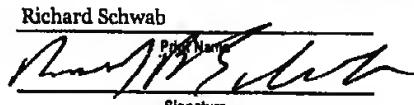
Percentage Impact (average per year over term of agreement) 1.00  
 Dollar Impact (average per year over term of agreement) \$5,112.00

**Section VI**

| Health Insurance (Indicate costs associated on each line) |           |          |           |        |
|-----------------------------------------------------------|-----------|----------|-----------|--------|
|                                                           | Base Year | Year 1   | Year 2    | Year 3 |
| Cost of Health Plan                                       | \$84,573  | \$92,565 | \$100,110 |        |
| Employee Contributions                                    | \$3,688   | \$3,707  | \$6,339   |        |
| Prescription                                              |           |          |           |        |
| Dental                                                    |           |          |           |        |
| Vision                                                    |           |          |           |        |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

**Section VII**

Prepared by: Richard Schwab Title: Township Administrator  
 Signature:   
 Date: 6/12/13